

**PSYCHO-SOCIAL INTAKE  
(Adult Form)**

Rev 9/13/11

THERAPIST \_\_\_\_\_ DATE \_\_\_\_\_

Client Name \_\_\_\_\_ Case # \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Race/Ethnic \_\_\_\_\_ County of Residence \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Case Manager (Name/Agency) \_\_\_\_\_ Attorney \_\_\_\_\_

Legal Status/Guardian \_\_\_\_\_

Referral Source \_\_\_\_\_

Stated Problem (Symptoms/Duration/Severity/Frequency) \_\_\_\_\_

**FAMILY & SOCIAL INFORMATION**

Marital Status \_\_\_\_\_ Length of time \_\_\_\_\_

Number of Marriages \_\_\_\_\_

Marital Relationship \_\_\_\_\_

Children (Names/Relationship/Age) \_\_\_\_\_

Current Living Condition/Household Composition \_\_\_\_\_

Current CPS Involvement \_\_\_\_\_

Family of Origin \_\_\_\_\_

Describe household composition, quality of relationship and custody/parenting issues on the back

Siblings \_\_\_\_\_

Support System \_\_\_\_\_

Friends \_\_\_\_\_

Community Interests/Involvement \_\_\_\_\_

Religious/Spiritual Involvement \_\_\_\_\_

Ethnicity/Diversity/Discrimination Impact \_\_\_\_\_

Legal System Involvement (Present/Past/Juvenile) \_\_\_\_\_

Interests/Hobbies \_\_\_\_\_

### **EDUCATIONAL & OCCUPATIONAL HISTORY**

Highest Level of Education \_\_\_\_\_ Location \_\_\_\_\_

Special Classes/Retentions/Training/GPA \_\_\_\_\_

Behavioral Problems While in School \_\_\_\_\_

Extracurricular \_\_\_\_\_

Current Occupation/Means of Support \_\_\_\_\_

Employment History \_\_\_\_\_

Military/Discharge Type \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Gross Weekly Income \_\_\_\_\_

**VICTIMIZATION HISTORY**  
(note if Child or Adult)

Abuse: Physical \_\_\_\_\_  
 \_\_\_\_\_  
 Sexual \_\_\_\_\_  
 \_\_\_\_\_  
 Mental \_\_\_\_\_  
 Neglect \_\_\_\_\_  
 Domestic Violence \_\_\_\_\_

Past C.P.S. Involvement \_\_\_\_\_  
 \_\_\_\_\_

**POTENTIALLY ABUSIVE BEHAVIOR**

Substance	Onset	Current	Highest	Most Recent	Tolerance/ Withdrawal
Alcohol					
Marijuana					
Cocaine					
Depressants					
Amphetamines					
Hallucinogens					
Opiates					
Inhalants					
K2, bath salts, spice					
Other					
Tobacco					
Caffeine					

Number of Sexual Partners \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
History of Prostitution \_\_\_\_\_ History of One Night Stands \_\_\_\_\_  
History of Pathological Gambling \_\_\_\_\_  
History of Abusive Eating Behaviors \_\_\_\_\_  
Substance Abuse in Significant Relationships \_\_\_\_\_  
Substance Abuse in Family History \_\_\_\_\_

### **MENTAL HEALTH AND AOD TREATMENT HISTORY**

Previous Counseling Agencies \_\_\_\_\_  
Previous Treatment Goals \_\_\_\_\_  
Previous Diagnoses \_\_\_\_\_  
Previous Psychotropic Medications/Efficacy \_\_\_\_\_  
Psychiatric Hospitalizations/Reasons \_\_\_\_\_  
Bizarre Ideation History \_\_\_\_\_  
Suicide History \_\_\_\_\_  
Self-Mutilation \_\_\_\_\_  
Homicide History \_\_\_\_\_  
Current AOD Treatment \_\_\_\_\_  
#AOD Treatment Episodes:      Outpatient \_\_\_\_\_ Residential \_\_\_\_\_ Rehab \_\_\_\_\_  
Past AOD Treatment \_\_\_\_\_  
Program of Recovery \_\_\_\_\_  
Family Mental Health History \_\_\_\_\_

## MEDICAL STATUS

Primary Physician (Name/Address) \_\_\_\_\_

Current Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

Personal Medical History \_\_\_\_\_  
\_\_\_\_\_

Hospitalizations \_\_\_\_\_

History of Brain Trauma \_\_\_\_\_

Developmental Problems (language/mobility/social): \_\_\_\_\_

Sleeping Patterns \_\_\_\_\_ Onset \_\_\_\_\_ Maintenance \_\_\_\_\_

24 hour period \_\_\_\_\_ Nightmares/Night Terrors \_\_\_\_\_

Eating Patterns \_\_\_\_\_

Weight Maintenance \_\_\_\_\_

Aids in Daily Living \_\_\_\_\_

Activities of Daily Living Limitations \_\_\_\_\_  
\_\_\_\_\_

Family Medical History \_\_\_\_\_  
\_\_\_\_\_

## MENTAL STATUS EXAMINATION

Height/Weight \_\_\_\_\_

Appearance \_\_\_\_\_

Grooming \_\_\_\_\_

Eye Contact/Presentation \_\_\_\_\_

Speech: Appropriate    Pressured    Unusual Rate: \_\_\_\_\_    Unusual Rhythm: \_\_\_\_\_    Unusual Volume: \_\_\_\_\_

Attitude:            Open    Responsive            Guarded            Defensive            Malingering            Varied

Oriented x3 \_\_\_\_\_

Recent Recall \_\_\_\_\_

General Fund of Knowledge \_\_\_\_\_

Abstract Reasoning:            Apple/Banana            Coat/Suit            Poem/Statue

Estimate of I.Q. \_\_\_\_\_

Affect (External):    Congruent            Incongruent            Flat            Constricted            Appropriate

Other: \_\_\_\_\_

Mood (Internal):    Varied            Happy            Sad            Hostile            Content            Irritable

Other: \_\_\_\_\_

Anxiety:            None Noted            Situational Only            Psychomotor Agitation            Hypervigilance

Other: \_\_\_\_\_

Thought Content

    Bizarre Ideation \_\_\_\_\_

    Suicidal/Homicidal \_\_\_\_\_

Current Stressors \_\_\_\_\_

Coping Mechanism: \_\_\_\_\_

Other Acute Risk Factors \_\_\_\_\_

\* Client strengths/assets, weaknesses/limitations, diagnostic impressions, and initial intervention goals can be found on the initial ISP/POA that has been generated as part of this diagnostic assessment.

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